LAKE-GEAUGA RECOVERY CENTERS

Administrative Office
9083 Mentor Avenue
Mentor, OH 44060
Fax (440) 255-6348
www.lgrc.us

Client Grievance Form

(To be completed by the client – please print)

Name:_____ Date Filed:_____

Date & Time of Incident:_____

Location of Incident:_____

Please identify which of the client rights on the attached form you feel have been violated?

_____

_____

_____

Describe the incident, including name(s) of individuals involved: (Attach additional papers, or use the back of this form if needed)

_____

_____

_____

_____

What would you like to be done to resolve this problem?

_____

_____

_____

_____ _____

Client Signature/Date Staff Receiving Grievance (Sign/Date/Time):

A copy of this grievance will be forwarded to the supervisor of the staff in question for further action, per agency "Client Rights and Grievance Policies." These policies are available at all agency offices. You are reminded that you are encouraged to contact our Client Rights Officer at our Mentor office, for assistance in writing this grievance or for support in following through with the grievance process.

An equal opportunity provider and employer

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www.HelpThatWorks.us LAKE COUNTY ADAMHS BOARD

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geauga county board of mental health and recovery services